



**GEORGIA MEDICAID FEE-FOR-SERVICE
OTIC ANTIINFECTIVES PA SUMMARY**

Preferred	Non-Preferred
Cipro HC (ciprofloxacin/hydrocortisone otic) Ciprodex (ciprofloxacin/dexamethasone otic) Coly-mycin S (neomycin/colistin/hydrocortisone/thonzonium otic) Cortisporin-TC (neomycin/colistin/hydrocortisone/thonzonium otic) Neomycin/polymixin B/hydrocortisone otic generic Ofloxacin otic generic	Ciprofloxacin otic generic

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

Ciprofloxacin Otic Generic

- ❖ Approvable for a diagnosis of otitis externa in members 1 year of age or older
AND
- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to ofloxacin otic **AND** neomycin/polymixin B/hydrocortisone otic **OR** neomycin/colistin/hydrocortisone/thonzonium otic (Coly-mycin S, Cortisporin-TC).

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.